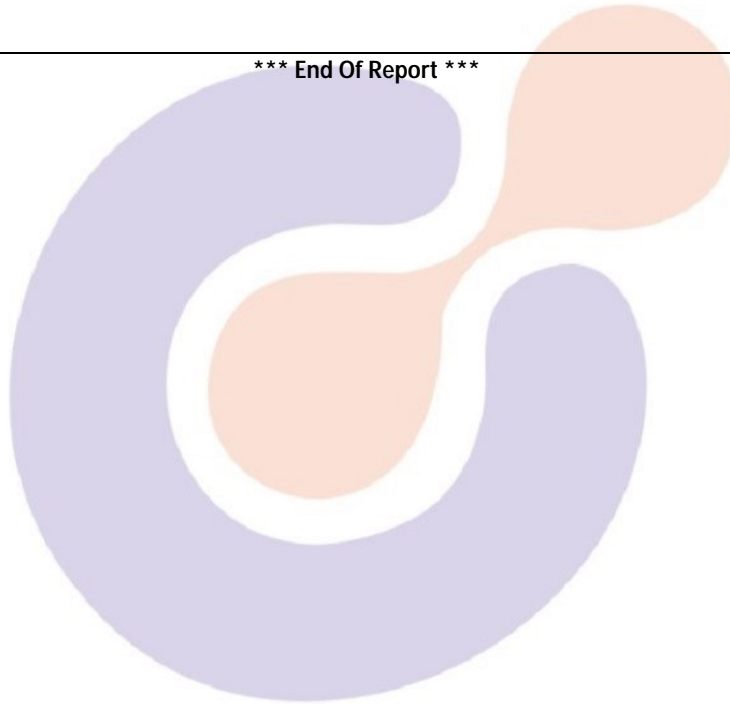


Patient Name : Ms. ARTI VERMA
Age/Gender : 31 Y O M O D /F
Lab No : 10140845
Referred By : SELF
Refer Lab/Hosp : CHARAK NA
Doctor Advice : CREATININE,CT Whole ABDOMEN
Visit No : CHA250043550
Registration ON : 11/Mar/2025 09:22AM
Sample Collected ON : 11/Mar/2025 10:36AM
Sample Received ON : 11/Mar/2025 10:55AM
Report Generated ON : 11/Mar/2025 11:34AM



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

*** End Of Report ***



CHARAK



MC-2491

Print.Date/Time: 11-03-2025 16:34:47

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Patient Name : Ms. ARTI VERMA Visit No : CHA250043550
Age/Gender : 31 Y O M O D /F Registration ON : 11/Mar/2025 09:22AM
Lab No : 10140845 Sample Collected ON : 11/Mar/2025 09:22AM
Referred By : Dr.SELF Sample Received ON :
Refer Lab/Hosp : CHARAK NA Report Generated ON : 11/Mar/2025 03:58PM

CT WHOLE ABDOMEN

CECT STUDY OF WHOLE ABDOMEN

CT study performed before and after injecting (intravenous) 80ml of non ionic contrast media and oral administration of 20ml contrast media diluted with water.

- **Liver** is normal in size, and shows normal density of parenchyma. No intrahepatic biliary radicle dilatation is seen. Hepatic veins and IVC are seen normally. A moderately enhancing space occupying lesion is seen in right lobe in segment VIII, measuring 29 x 24 x 24mm. No calcification is seen.
- **Gall bladder** is normal in size and shows normal lumen. No mass lesion is seen. GB walls are not thickened. (CT is not modality of choice for biliary and gall bladder calculi).
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous density of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous density of parenchyma. No SOL is seen.
- **Both Kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen.
- **Both** ureters are normal in course and calibre.
- Few subcentimeteric left para-aortic nodes are seen (SAD < 10mm).
- Mild free fluid is seen in peritoneal cavity.
- **Urinary Bladder** is normal in contour with normal lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is normal in size and shows homogenous myometrial density. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- Right adnexa shows a heterogeneous space occupying lesion with hyperdense component on plain scan. The lesion shows heterogeneous contrast enhancement and measures 65 x 50 x 45mm in size. No calcification is seen in the lesion. Right ovary is not seen separately.
- Left ovary is normal size and shows cystic area measuring 15 x 11mm (follicular).
- Loculated collection with hyperdense component on plain scan is seen in Cul-de-Sac in deep pelvis. The collection has volume of 50cc.
- Few mildly dilated small bowel loops are seen in right sided colonic loops and loaded with fecal matter. No abnormally thickened / edematous bowel loop is seen. No bowel origin mass lesion is seen.



Patient Name	: Ms. ARTI VERMA	Visit No	: CHA250043550
Age/Gender	: 31 Y O M O D /F	Registration ON	: 11/Mar/2025 09:22AM
Lab No	: 10140845	Sample Collected ON	: 11/Mar/2025 09:22AM
Referred By	: Dr.SELF	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 03:58PM

IMPRESSION:

- HEMANGIOMA IN RIGHT LOBE OF LIVER.
- RIGHT ADNEXAL HETEROGENEOUS SPACE OCCUPYING LESION WITH HEMORRHAGIC COMPONENT AND LOCULATED COLLECTION IN POUCH OF DOUGLAS (HAVING HEMORRHAGIC COMPONENT).
POSSIBLE D/D (1) RUPTURED ENDOMETRIOMA.
(2) RUPTURED OVARIAN CYST.
(3) CHRONIC RUPTURED ECTOPIC GESTATION.
- MILD FREE FLUID IN PERITONEAL CAVITY.
- MILDLY DILATED SMALL BOWEL LOOPS (S.A.I.O).
- FEW SUBCENTIMETERIC LEFT PARA-AORTIC NODES.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

*** End Of Report ***

